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AUTHOR Luna, G. Cajetan
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ABSTRACT

Street youth remain at the fringes of society reflecting larger inherent social problems. Whether due to the death of parents, as a result of war, poverty, famine, disease, abandonment or abuse the health and social problems of the world's 100 million street youth are profound. By 1987 it was accepted that street youth were a high risk population for Acquired Immune Deficiency Syndrome (AIDS) due to their street activities and related survival strategies. Clinical cases of AIDS began to appear among homeless street youth still in their teenage years or former street youth in their early 20s. It is recognized that the health and social problems of street youth are similar everywhere and have been throughout time. The AIDS epidemic gives impetus to immediate and comprehensive preventive action. Given the current urgency of the AIDS problem on the west coast, nationally and internationally, long-term housing for street youth who are infected with Human Immunodeficiency Virus must be available on a large scale with coordinated social and health services. In addition, street based AIDS education and outreach should not only target street prostitutes but their customers with particular attention to tourists. Programs must be supported which empower perennial street youth themselves, programs which assist by organizing them to advocate for their rights and treating them with the dignity they deserve. (ABL)

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STREET YOUTH: ADAPTATION AND SURVIVAL IN THE AIDS DECADE

Presenter: G. Cajetan Luna

G. Cajetan Luna, Mount Zion Hospital and Medical Center, San Francisco, CA 94120

San Francisco has had a reputation of being a gathering place for disenfranchised youth desirous of adventure, opportunity, or social change. Many were drawn to existing or evolving lifestyles. The beat generation of the fifties, the hippies of the sixties, and subsequently, the gay liberation movement of the seventies reflected larger collective, social movements. All reached their crescendos in San Francisco. This paper will present research on street youth in San Francisco and elsewhere during the past eight years. A difficult time especially for youth; an era of economic growth, concurrent with social malaise; one of increasing breakdowns in support systems and nuclear families, and generally a period of deterioration, characterized by deficiencies in accessible, affordable and integrated health care and social services for those from the poorest segments of society.

The regional, national, and international impact on street youth, with particular reference to AIDS will be presented, and relevant initiatives discussed.

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West-Coast Scientific Symposium on Homeless Youth,
San Francisco, California, March 3, 1990.

STREET YOUTH: ADAPTATION AND SURVIVAL IN THE AIDS DECADE
Thank you.

To discuss issues surrounding the survival and adaptation of street youth, I will briefly chart how pilot research began early in the past decade on the survival of street youth in San Francisco led to international activity and research, focused upon the larger, related international homeless youth problem, and reflected the temporal and critical relationship to the AIDS pandemic. I must emphasize from the onset that viewed cross-culturally, the survival strategies and adaptational patterns of street youth in the Western United States, and those of the gadahi boys, gamines, limpiabotas, meninos de rua, saligoman, pajaro fruteros and other street children of the world are similar in nature, oftentimes identical in character.

In 1982 an ethnographic pilot study on homeless youth was conducted in three of the cities represented here at this symposium- San Francisco, Los Angeles and Seattle, subsequent work was conducted in Vancouver, and most recently, ongoing cross-cultural comparative research is being conducted on street youth and AIDS in Rio de Janeiro Brazil. Between 1982 and 1984 structured and unstructured interviews were completed with a chain referral and clinic sample of 250 males and females between 15 and 19 years of age in both natural and clinical settings on the West Coast. While NIMH funding for this study ended in 1984, contact has been maintained with a subsample of 27 youth who during this period have been interviewed in depth and followed

over time. Particular attention is given to their health care practices and behaviors.

It was evident early on, that personal and immediate survival dominated the lives of the street youth studied. The adolescent moratorium being circumvented as separation from family and initiation into sexual activity for example was often early, forced, and traumatic. Money was necessary. A variation existed in the available and chosen survival strategies to the street as well as in the accompanying adaptation to existing lifestyles and subcultural groups. Some sold small goods or used clothing, most panhandled, dealt drugs, or stole especially in areas frequented by tourists such as Ghiradelli Square, the Wharf, Haight, and North Beach in San Francisco, on Hollywood, Santa Monica, and Sunset Boulevards in Los Angeles, and around the Pike Street Market in Seattle.

Similar to what has been discussed in depth by a number of other papers today, equally large numbers were involved in prostitution, either habitually, or episodically in order to survive and in so doing, adopted the associated social role and identity in order to support themselves.

The graffiti of these youth was found to be a particularly significant and unobtrusive form of communication indicative of their struggle, and illustrative of the survival strategies employed. Two wall writings were particularly poignant, " We sold our love here" and "Welcome to my Nightmare."

A smaller focused study resulted on the health problems of male kept youth, who were identified as the hardest to reach of the street population. Kept youth were oftentimes involved in organized prostitution and pornography, and were invisible to most health providers until they were thrown out by sugar daddies and were once again forced to survive on the streets, only to subsequently appear in drop in clinics or public health centers. 28 out of 52 interviewed did not use condoms during sexual activity. Similar information obtained in interviews and from observational fieldwork generated other areas for investigation. Chris is a typical example. Through interviews I learned he had been thrown out of his Florida home at 14 because he had been involved in sexual activity with another boy, and declared to his family that he was gay. His father was a policeman, and disowned him. By 1986 at age 16, he had hustled and bummed in San Francisco, Los Angeles and Houston, had been kept by a number of older men, had a variety of STDs, had overdosed twice, and had been stabbed on three occasions. He was proud to display the resulting scars intermeshed with tatoos. By the time I met him he was avoiding the meat rack on Polk Street, and was living in a cardboard box with another kid from Albuquerque in Golden Gate Park.

About the same time, the Center for AIDS Prevention Studies provided funds to begin a pilot study to access HIV infection with an emphasis on homeless teenagers. With the collaboration of Drs. Richard Brown, of San Francisco General Hospital, and Nicollete Collins at the Larkin Street Clinic, 50 sexually

active youth (19 males and 31 females) were tested for HIV at San Francisco General. Of the 50 youth tested, Chris was the one who tested positive. He left San Francisco before he could be given the test results. I learned from a friend of his that he died last March at 19 in Florida.

By 1987 it was accepted that street youth were a high risk population due to their street activities and related survival strategies and clinical cases of AIDS began to appear among homeless street youth still in their teens or former street youth in their early twenties. By 1988 10.5 percent of homeless youth in New York's Covenant House Medical Clinic were found to be HIV positive, and in a larger sample in Rio de Janeiro Brazil Carvelho found 35 percent were infected. As a footnote: a recent study at Covenant House found 27 percent of male hustlers were HIV positive and a study four months ago by a program for street youth in downtown Rio found 68 percent of adolescent male prostitutes infected. Aware of similarities between San Francisco and Rio, in December 1988 comparative collaborative research began in Brazil with the Adolescent Services Unit at the State University of Rio de Janeiro. Questionnaires have been adapted and translated into Portuguese and have been administered to 103 youth in institutional settings. Street youth in Rio are found to be similar to those in San Francisco, most subjected to a variety of physical violence and sexual abuses from family members, police, drug dealers and addicts, mentally disturbed homeless adults, and especially tourists. Similar to San Francisco in some way or another, most are also abused within their own street peer groups.

According to service providers in Brazil, low self-esteem is a problem of most of these youth, with no family, no jobs or potential jobs, and little if any education. It is therefore easy to understand why street youth everywhere, including those studied in San Francisco or Rio De Janeiro have difficulty perceiving the threat of AIDS, the consequences, and the need for precautions given other more pressing factors. I should note: There are several reasons in addition to prostitution why these youth were found to engage in high-risk sexual activity, including for adolescent males, homo or bisexual experimentation, as a ritual of passage in pervasively male-oriented culture, and for adolescent females as a mode of birth control. I must emphasize for street youth studied in both the United States and Brazil given their previous deprivation, high-risk sexual activity is perceived as a different or exciting way to express or receive affection.

Finally, conflicting cultural beliefs were also found to be counterproductive in both American and Brazilian samples. Prejudice, guilt and shame associated with disease states in general; sexually transmitted diseases in particular confound the problem.

Recent cross-cultural work has brought us in contact with a number of earnest programs struggling with the homeless youth problem in different countries and on the international level. Foremost among these is Childhope, Street Kids International, the de Wahl Foundation, and in terms of health problems UNICEF and the World Health Organization. These groups will unite in sponsoring an international invitational conference focused solely on AIDS and

street youth to be held here in San Francisco in June. It is recognized that the health and social problems of street youth are similar everywhere and have been throughout time. The AIDS epidemic gives impetus to immediate and comprehensive preventive action.

In conclusion, social inequalities and disruptions are common in all of the cities represented at this symposium, throughout the nation and in other developed and developing countries. Street youth remain at the fringes of society reflecting larger inherent social problems. Whether due to the death of parents, as a result of war, poverty, famine, disease, abandonment or abuse the health and social problems of the world's 100 million street youth are profound. This symposium is pioneering in bringing together those concerned with the health care of street youth on the West Coast and will hopefully lead to future national and international initiatives and supportive collaborations.

Some immediate actions are recommended. Given the current urgency of the AIDS problem on the west coast, nationally and internationally, long term housing for street youth who are HIV infected must be available on a large scale with coordinated social and health services. In addition, street based AIDS education and outreach should not only target street prostitutes but their customers with particular attention to tourists. Durable and appropriately sized condoms must be available. Adult sized condoms are not always appropriate.

We must encourage programs which promote self-esteem, not dependency. Programs must recognize that being off the street

physically does not eliminate the psychological and financial ties which oftentimes leaves the street as the only alternative youth may have.

And lastly in the new decade, programs must be supported which empower perennial street youth themselves, programs which assist by organizing them to advocate for their rights, respectfully identifying their survival and adaptational skills, and treating them with the dignity they deserve.

The author acknowledges the support of the Center for AIDS Prevention Studies at UC San Francisco, The University-Wide Task Force on AIDS, The University of California Berkeley Research Expeditions Program, and the collaboration of Drs. Richard C. Brown of San Francisco General Hospital, Nicollete Collins formerly of Larkin Street Medical Clinic, and Evelyn Eisenstein of the Adolescent Services Unit at the State University of Rio de Janeiro.